

Heartland Kidney Network All Tracks 1-2-3

Long Term Catheter Reduction

through a

Person and Family Engagement

and

Utilizing the Forum Of ESRD Networks'

Catheter Reduction Toolkit

August 8 and 15, 2017



Welcome & Thank You

Sharlyn Bogner, MSN, RN, CNN, CCTC, CPHQ
Quality Improvement Director
Heartland Kidney Network



2017 Dialysis Catheter Use Reduction

❖ Project Overview

- ❖ Goal

❖ Facility Specific Interventions

- ❖ Catheter Reduction Toolkit - developed by the ESRD Network Forum
- ❖ Patient Engagement

❖ Greatest Opportunity for Improvement

- ❖ Medical Director Participation in CQI
- ❖ Partnering with Surgeons and their staff

❖ Sustainability

❖ Next Steps



Goal

A reduction in the rate of long-term catheter use among prevalent patients by at least 2 percent in dialysis facilities that have a >10% rate of long-term (≥ 90 days) catheter use in prevalent patient at baseline. The baseline period shall be September of the prior calendar year, and the re-measurement period shall be the last day of the last month of the third quarter of the contract year.



Resource: ESRD Statement of Work

Team - Three Tracks

- ❖ Track 1 Focus on surgeons that create dialysis vascular access and toolkit (n=35)
- ❖ Track 2 Focus on the using the toolkits quality improvement approaches (n= 77)
- ❖ Track 3 Collaborate with a national workgroup focusing on toolkit usage (n=16)



2017 Dialysis Catheter Use Reduction Clinic Specific

Special initiative to reduce long term dialysis catheters by:



ESRD Forum: Catheter Reduction Tool Kit

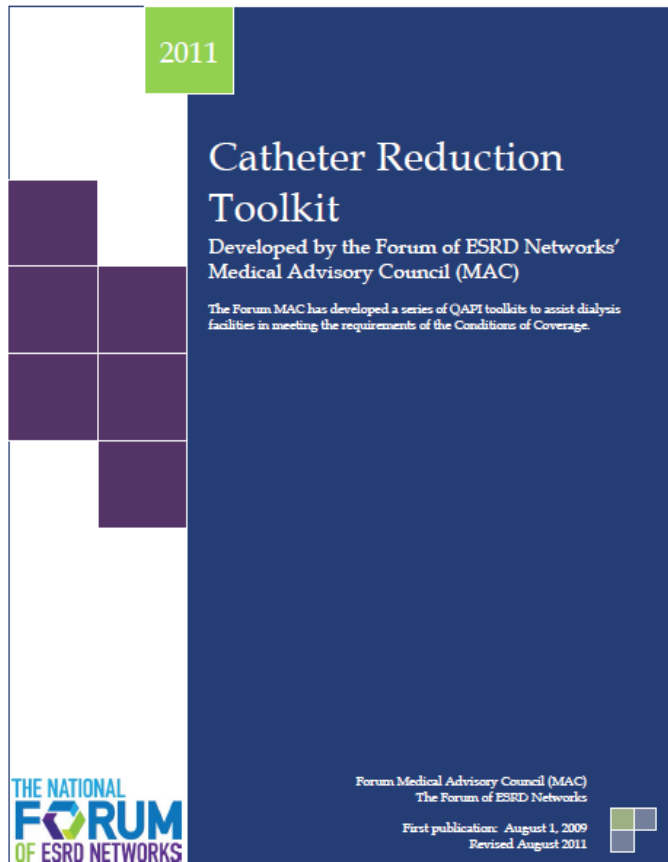


Adding the Patient Voice

<http://esrdnetworks.org/>



Forum of ESRD Networks' – Resource



Have You Used?

1. Vascular Access Diagram
2. Do you currently use a vascular access diagram
3. Referral Letter to Surgeon
4. Refusal Form

Chat Question

1. In chat please share the best part of using the Catheter Reduction Toolkit



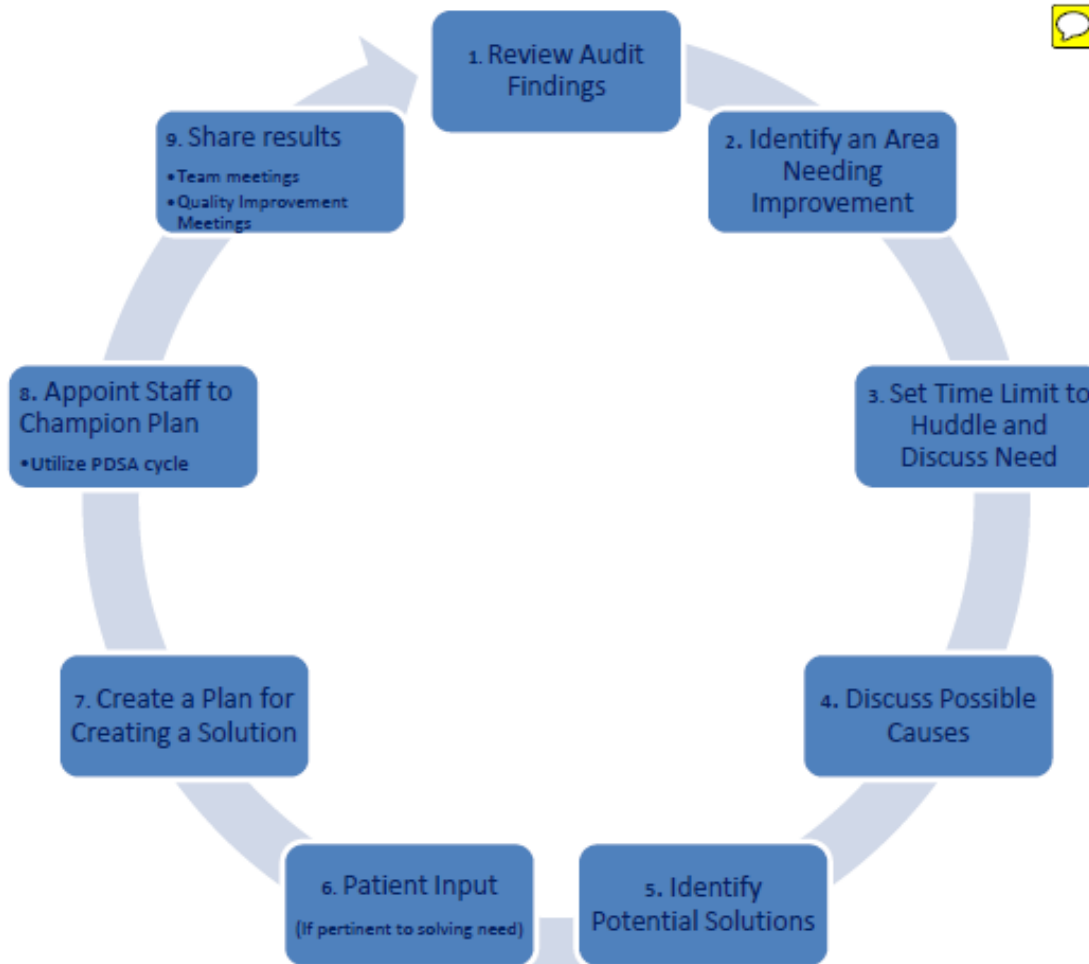


Huddle Up To Improve Care

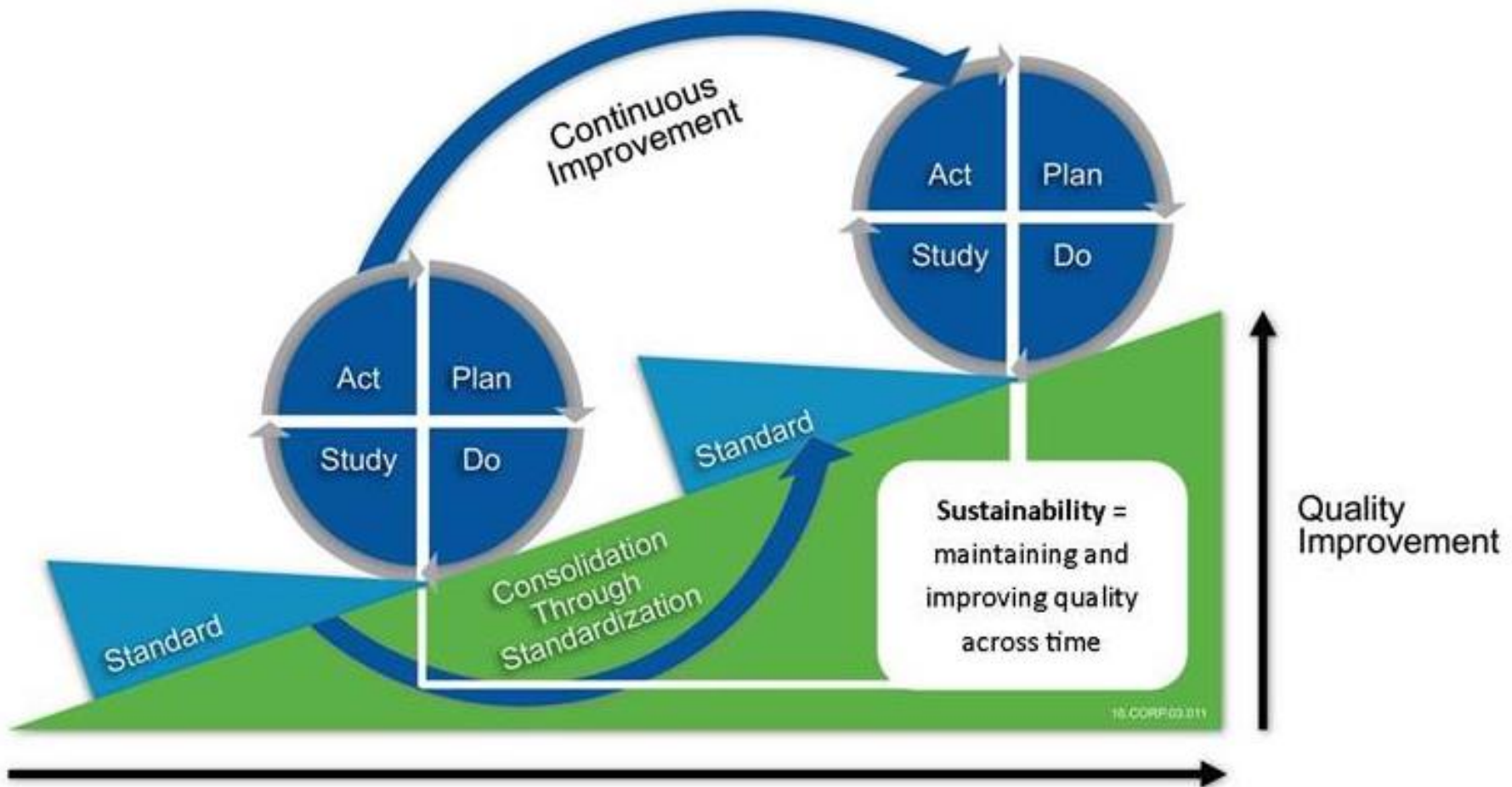
Rapid Cycle Improvement



Notes



Quality Improvement Model for Sustainability



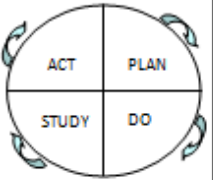
ESRD Forum - PDSA Worksheet

PDSA WORKSHEET

(Adapted from the Institute for Healthcare Improvement © 2004)

CYCLE #:

DATE:

	Task: Project: Contact:
BACKGROUND:	
PLAN: What is the objective of this improvement cycle?	
Predictions (what do we want to have happen):	
Plan for change or test: who, what, when, where	
Plan for collection of data: who, what, when, where, how will we collect it?	
DO: Was the cycle carried out as planned? What did we observe that was not a part of our plan?	
STUDY: How did or didn't the results of this cycle agree with the predictions that we made earlier?	
List what new knowledge we gained by this cycle:	
ACT: List actions we will take as a result of this cycle:	
Plan for the next cycle:	

- ❖ Facility goal and plan
- ❖ Individualized goal and plan
 - ❖ Patient specific



Next Steps

SUSTAIN

STANDARDIZE

UTILIZE

SHARE

TRANSPARENCY

ACCOUNTABILITY

INTEGRATION

NEVER GO BACK

Graduation Results	
Initiated Survey	Completed
	NW Approved
STANDARDIZATION:	In order for this to become the culture, standard, or usual business in your facility, please provide specific examples of how you will hardwire and prioritize these processes into your current system?
UTILIZATION:	How will you utilize frontline staff and corporate leadership to implement these changes?
SHARE:	How will these new changes, or changes to existing processes, be communicated with existing staff, new staff, PRN staff, patients and family members? How will feedback be obtained and addressed from each group?
TRANSPARENCY:	How can you make these changes transparent to support and foster a culture of trust between management, staff, and patients?
ACCOUNTABILITY:	How will you build accountability and escalation steps into this sustainability plan to alert you when problems arise that will keep you from sustaining performance and meeting goals?
INTEGRATION:	How will these processes be integrated into daily work and how will you align them with organizational or departmental goals?
NEVER GO BACK:	How will your staff, patients, and corporate leaders maintain the gains and continue the interventions learned in this QIA?



On Track or Off Track?

Time Lines

**Need All
Data
August 10,
2017**

- Need 100% reporting in Smartsheet by all units participating in the quality initiative
- Status report to CMS partners

**Huddle Up:
Daily
Weekly
Monthly**

- Huddle Up with your team to discuss progress
- PDSA cycle update - unit and patients
- Incorporate project into your current practice
- Monthly discussion at quality improvement meeting

**September
2017**

- Attend Webinar next month.
- **Meeting your needs?**



Thank You

